

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18531

State File No. _____

Registrar's No. 83

FILED JUN 11 1948

Registration District No. 251

Primary Registration District No. 3048

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospt
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 1 day
years, months or days)

3. (a) PRINT FULL NAME EMORY WULBER ANDERSON

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced mar
6. (b) Name of husband or wife Anna L. Mitchell Anderson 6. (c) Age of husband or wife if 68 years
7. Birth date of deceased Jan 18 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 4 2 hr. min.

9. Birthplace Galva # Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation retired merchant

11. Industry or business lumber

MOTHER FATHER { 12. Name Andrew P. Anderson
13. Birthplace Sweden 4
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Wainright
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jess Bowman
(b) Address Fairfax, Mo.
17. (a) burial (b) Date thereof 5/22/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tarkio, Mo.
18. (a) Signature of funeral director Davis Funeral Home
(b) Address Tarkio, Mo.

19. (a) 6-2-43 (b) Mary Coile
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison
(c) City or town Tarkio
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1943 hour 1 minute 25 p.m.

21. I hereby certify that I attended the deceased from May 19 1943 to May 20 1943
that I last saw him live on May 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 24 hrs

Due to frailty
arteriosclerosis

Due to 1

Other conditions (Include pregnancy within 3 months of death) 830

Major findings: Of operations 830

Of autopsy 830

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature P. F. Byland (M. D. or other) 4-10
Address Maryville Mo Date signed 5-24-43

(Licensed Embalmer's Statement on Reverse Side)

1268

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....**2394**

P. O. Address.....**Tarkio, Missouri.**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.